

FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)
09709343

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.		56				
TOTAL CLAIMS		(60)				

*		*		*
IND.	DEP.	IND.	DEP.	IND.
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52				
53				
54				
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99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				